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APPLICANTS

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* CONTINUING DATA *****

This appln claims benefit of 60/270,024 02/20/2001

* FOREIGN APPLICATIONS *****

F REQUIRED, FOREIGN FILING LICENSE GRANTED **

03/19/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WI	2	30	5

/EXAMINER'S SIGNATURE

26371

TITLE

System and method for selection of a primary care physician

FILING FEE RECEIVED 1088	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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